

**BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

**In the Matter of the Accusation  
Against:**

**JOHN KELLY MANTIS, M.D.**

**Case No. 06-2011-215009**

**Physician's and Surgeon's  
Certificate No. G 39199**

**Respondent**

**DECISION**

The attached Stipulated Surrender of License and Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on October 10, 2014

IT IS SO ORDERED October 3, 2014.

**MEDICAL BOARD OF CALIFORNIA**

By: \_\_\_\_\_

**Kimberly Kirchmeyer  
Executive Director**

1 KAMALA D. HARRIS  
Attorney General of California  
2 E. A. JONES III  
Supervising Deputy Attorney General  
3 BENETH A. BROWNE  
Deputy Attorney General  
4 State Bar No. 202679  
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7 *Attorneys for Complainant*

8 **BEFORE THE**  
**MEDICAL BOARD OF CALIFORNIA**  
9 **DEPARTMENT OF CONSUMER AFFAIRS**  
10 **STATE OF CALIFORNIA**

11 In the Matter of the Accusation Against:

Case No. 06-2011-215009

12 JOHN KELLY MANTIS, M.D.  
7 Marin Court  
13 Manhattan Beach, CA 90266

OAH No. 2014040680

14 Physician's and Surgeon's Certificate  
No. G 39199

**STIPULATED SURRENDER OF  
LICENSE AND ORDER**

15  
16 Respondent.

17  
18 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-  
19 entitled proceedings that the following matters are true:

20 PARTIES

21 1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board  
22 of California. She brought this action solely in her official capacity and is represented in this  
23 matter by Kamala D. Harris, Attorney General of the State of California, by Beneth A. Browne,  
24 Deputy Attorney General.

25 2. JOHN KELLY MANTIS, M.D. (Respondent) is represented in this proceeding by  
26 attorney Paul Spackman, whose address is 28441 Highridge Rd., Ste. 201, Rolling Hills Estates,  
27 CA 90274.

28 3. On or about May 7, 1979, the Medical Board of California issued Physician's and

1 Surgeon's Certificate No. G 39199 to Respondent. The Physician's and Surgeon's Certificate was  
2 in full force and effect at all times relevant to the charges brought in Accusation No. 06-2011-  
3 215009 and expired on August 31, 2014.

#### 4 JURISDICTION

5 4. Accusation No. 06-2011-215009 was filed before the Medical Board of California  
6 (Board), Department of Consumer Affairs, and is currently pending against Respondent. The  
7 Accusation and all other statutorily required documents were properly served on Respondent on  
8 November 8, 2013. Respondent timely filed his Notice of Defense contesting the Accusation. A  
9 copy of Accusation No. 06-2011-215009 is attached as Exhibit A and incorporated by reference.

#### 10 ADVISEMENT AND WAIVERS

11 5. Respondent has carefully read, fully discussed with counsel, and understands the  
12 charges and allegations in Accusation No. 06-2011-215009. Respondent also has carefully read,  
13 fully discussed with counsel, and understands the effects of this Stipulated Surrender of License  
14 and Order.

15 6. Respondent is fully aware of his legal rights in this matter, including the right to a  
16 hearing on the charges and allegations in the Accusation; the right to be represented by counsel, at  
17 his own expense; the right to confront and cross-examine the witnesses against him; the right to  
18 present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel  
19 the attendance of witnesses and the production of documents; the right to reconsideration and  
20 court review of an adverse decision; and all other rights accorded by the California  
21 Administrative Procedure Act and other applicable laws.

22 7. Respondent voluntarily, knowingly, and intelligently waives and gives up each and  
23 every right set forth above.

#### 24 ACKNOWLEDGEMENTS

25 8. Respondent understands that the charges and allegations in Accusation No. 06-2011-  
26 215009, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and  
27 Surgeon's Certificate.

28 9. For the purpose of resolving the Accusation without the expense and uncertainty of

1 further proceedings, and because Respondent intends to retire from the practice of medicine,  
2 Respondent agrees that, at a hearing, Complainant could establish a *prima facie* basis for the  
3 charges in the Accusation and that those charges constitute cause for discipline. Respondent  
4 hereby gives up his right to contest that cause for discipline exists based on those charges.

5 10. Respondent understands that by signing this stipulation he enables the Board to issue  
6 an order accepting the surrender of his Physician's and Surgeon's Certificate without further  
7 process.

#### 8 CONTINGENCY

9 11. This stipulation shall be subject to approval by the Medical Board of California.  
10 Respondent understands and agrees that counsel for Complainant and the staff of the Medical  
11 Board of California may communicate directly with the Board regarding this stipulation and  
12 surrender, without notice to or participation by Respondent or his counsel. By signing the  
13 stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek  
14 to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails  
15 to adopt this stipulation as its Decision and Order, the Stipulated Surrender and Disciplinary  
16 Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal  
17 action between the parties, and the Board shall not be disqualified from further action by having  
18 considered this matter.

19 12. The parties understand and agree that Portable Document Format (PDF) and facsimile  
20 copies of this Stipulated Surrender of License and Order, including Portable Document Format  
21 (PDF) and facsimile signatures thereto, shall have the same force and effect as the originals.

22 13. In consideration of the foregoing admissions and stipulations, the parties agree that  
23 the Board may, without further notice or formal proceeding, issue and enter the following Order:

#### 24 ORDER

25 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 39199, issued  
26 to Respondent JOHN KELLY MANTIS, M.D., is surrendered and accepted by the Medical Board  
27 of California.

28 ///

1. The surrender of Respondent's Physician's and Surgeon's Certificate and the acceptance of the surrendered license by the Board shall constitute the imposition of discipline against Respondent. This stipulation constitutes a record of the discipline and shall become a part of Respondent's license history with the Medical Board of California.

2. Respondent shall lose all rights and privileges as a Physician and Surgeon in California as of the effective date of the Board's Decision and Order.

3. Respondent shall cause to be delivered to the Board his pocket license and, if one was issued, his wall certificate on or before the effective date of the Decision and Order.

4. If Respondent ever files an application for licensure or a petition for reinstatement in the State of California, the Board shall treat it as a petition for reinstatement. Respondent must comply with all the laws, regulations and procedures for reinstatement of a revoked license in effect at the time the petition is filed, and all of the charges and allegations contained in Accusation No. 06-2011-215009 shall be deemed to be true, correct and admitted by Respondent when the Board determines whether to grant or deny the petition.

5. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing agency in the State of California, all of the charges and allegations contained in Accusation No. 06-2011-215009 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict licensure.

## ACCEPTANCE

I have carefully read the above Stipulated Surrender of License and Order and have fully discussed it with my attorney, Paul Spackman. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Surrender of License and Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED:

9/15/14

  
JOHN KELLY MANTIS, M.D.  
Respondent

1 I have read and fully discussed with Respondent JOHN KELLY MANTIS, M.D. the terms  
2 and conditions and other matters contained in this Stipulated Surrender of License and Order. I  
3 approve its form and content.

4 DATED: September 4, 2014

Paul Spackman  
PAUL SPACKMAN  
Attorney for Respondent

6 ENDORSEMENT

7 The foregoing Stipulated Surrender of License and Order is hereby respectfully submitted  
8 for consideration by the Medical Board of California of the Department of Consumer Affairs.

9 Dated: September 19, 2014

Respectfully submitted,

10 KAMALA D. HARRIS  
11 Attorney General of California  
12 E. A. JONES III  
Supervising Deputy Attorney General

13 Beneth A Browne

14 BENETH A. BROWNE  
15 Deputy Attorney General  
Attorneys for Complainant

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**Exhibit A**

**Accusation No. 06-2011-215009**

FILED  
STATE OF CALIFORNIA  
MEDICAL BOARD OF CALIFORNIA  
SACRAMENTO November 8, 2013  
BY Rebecca J. [Signature] ANALYST

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Supervising Deputy Attorney General  
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**MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

In the Matter of the Accusation Against:

Case No. 06-2011-215009

JOHN KELLY MANTIS, M.D.  
7 Marin Court  
Manhattan Beach, CA 90266

**ACCUSATION**

Physician's and Surgeon's Certificate No. G  
39199

Respondent.

Complainant alleges:

**PARTIES**

1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official capacity as the Interim Executive Director of the Medical Board of California, Department of Consumer Affairs.

2. On or about May 7, 1979, the Medical Board of California issued Physician's and Surgeon's Certificate Number G 39199 to John Kelly Mantis, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on August 31, 2014, unless renewed.

**JURISDICTION**

3. This Accusation is brought before the Medical Board of California (Board),



1 Department of Consumer Affairs, under the authority of the following laws. All section  
2 references are to the Business and Professions Code unless otherwise indicated.

3 4. Section 2229 of the Code states, in subdivision (a):

4 "Protection of the public shall be the highest priority for the Division of Medical Quality,<sup>1</sup>  
5 the California Board of Podiatric Medicine, and administrative law judges of the Medical Quality  
6 Hearing Panel in exercising their disciplinary authority."

7 5. Section 2227 of the Code provides that a licensee who is found guilty under the  
8 Medical Practice Act may have his or her license revoked, suspended for a period not to exceed  
9 one year, placed on probation and required to pay the costs of probation monitoring, or such other  
10 action taken in relation to discipline as the Board deems proper.

11 6. Section 2234 of the Code, states:

12 "The board shall take action against any licensee who is charged with unprofessional  
13 conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not  
14 limited to, the following:

15 "(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the  
16 violation of, or conspiring to violate any provision of this chapter.

17 "(b) Gross negligence.

18 "(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or  
19 omissions. An initial negligent act or omission followed by a separate and distinct departure from  
20 the applicable standard of care shall constitute repeated negligent acts.

21 "(1) An initial negligent diagnosis followed by an act or omission medically appropriate  
22 for that negligent diagnosis of the patient shall constitute a single negligent act.

23 "(2) When the standard of care requires a change in the diagnosis, act, or omission that  
24 constitutes the negligent act described in paragraph (1), including, but not limited to, a  
25 reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the  
26 applicable standard of care, each departure constitutes a separate and distinct breach of the

27 <sup>1</sup> Pursuant to Business and Professions Code section 2002, the "Division of Medical  
28 Quality" or "Division" shall be deemed to refer to the Medical Board of California.

1 standard of care.

2 "(d) Incompetence.

3 "(e) The commission of any act involving dishonesty or corruption which is substantially  
4 related to the qualifications, functions, or duties of a physician and surgeon.

5 "(f) Any action or conduct which would have warranted the denial of a certificate.

6 "(g) The practice of medicine from this state into another state or country without meeting  
7 the legal requirements of that state or country for the practice of medicine. Section 2314 shall not  
8 apply to this subdivision. This subdivision shall become operative upon the implementation of the  
9 proposed registration program described in Section 2052.5.

10 "(h) The repeated failure by a certificate holder, in the absence of good cause, to attend and  
11 participate in an interview scheduled by the mutual agreement of the certificate holder and the  
12 board. This subdivision shall only apply to a certificate holder who is the subject of an  
13 investigation by the board."

14 7. Section 2266 of the Code states: "The failure of a physician and surgeon to maintain  
15 adequate and accurate records relating to the provision of services to their patients constitutes  
16 unprofessional conduct."

### 17 FIRST CAUSE FOR DISCIPLINE

#### 18 (Repeated Negligent Acts)

19 8. Respondent is subject to disciplinary action under section 2234, subdivision (c), of  
20 the Code in that Respondent engaged in repeated negligent acts in the care and treatment of a  
21 patient. The circumstances are as follows:

22 A. Patient I.S., a thirty-two year old pregnant woman with at least one prior  
23 miscarriage, was admitted at the Antelope Valley Hospital on January 8, 2009,<sup>2</sup> at 9:15 p.m.  
24 for induction of labor because of concerns about her blood pressure.<sup>3</sup> After her arrival she  
25 was placed on and she remained on Pitocin.<sup>4</sup> After an hour, by 10:15 p.m., her cervix had

26 <sup>2</sup> She was full term with an estimated delivery date of January 10, 2009.

27 <sup>3</sup> She had hypertension at the end of her pregnancy.

28 <sup>4</sup> Pitocin is a drug used to hasten labor. Pitocin's use requires increased monitoring of a  
fetus to ensure its well-being during the labor process.

1 dilated to 4 cm. By the next morning at 1:49 a.m., her cervix had dilated to 7 cm. An  
2 intrauterine pressure catheter (IUPC) was placed to better monitor her contractions.<sup>5</sup> At  
3 3:00 a.m., her cervix had dilated to 8 cm. Pitocin was increased. By 7:50 a.m., her cervix  
4 was completely dilated.

5 B. Respondent came onto shift and became the physician for I.S. at 8:30 a.m. At  
6 that time, an external fetal heart monitor, also referred to as an external fetal Doppler  
7 monitor (EFD), was in place. The EFD consistently showed I.S.'s baby's fetal heart rate on  
8 a monitor and on printed strips.

9 C. Beginning at or around 9:00 a.m., the EFD failed to consistently show I.S.'s  
10 baby's fetal heart rate. Respondent was aware by 10:00 a.m. that the EFD was failing to  
11 consistently show I.S.'s baby's fetal heart rate. It had clear intermittent gaps. Respondent  
12 explained that gaps "happen sometimes during contractions." Respondent took no action to  
13 cause adjustment, fixing or replacing of the EFD. Likewise, he took no action to place a  
14 fetal scalp electrode (FSE) onto I.S.'s baby to consistently monitor I.S.'s baby's fetal heart  
15 rate.

16 D. At or around 9:18 a.m., the IUPC suddenly stopped adequately showing I.S.'s  
17 uterine contractions. The IUPC did not show normal wave form. It revealed only very  
18 shallow plateaus that only possibly represented contractions. Respondent took no action to  
19 cause adjusting, fixing or replacing the IUPC. Likewise, he took no action to place an  
20 external tocometer to monitor I.S.'s contraction. Respondent believed he obtained  
21 sufficient information about I.S.'s contractions from the IUPC.

22 E. After 9:00 a.m., in times when the EFD intermittently worked, it showed some  
23 decelerations of I.S.'s baby's fetal heart rate. Because the EFD frequently stopped working  
24 as the fetal heart rate was slowing, it was unclear when and how quickly I.S.'s baby's fetal  
25

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26 <sup>5</sup> An intrauterine pressure catheter (IUPC) is also referenced as an internal pressure  
27 transducer, a small device placed through the dilated cervix into the amniotic fluid cavity that  
28 transmits through a wire to a monitor information about contractions' frequency, duration and  
intensity.

1 heart rate recovered back to its baseline.<sup>6</sup> For this reason and also because the IUPC was  
2 not adequately showing I.S.'s uterine contractions, it was not possible for the decelerations  
3 to be characterized and properly used as a tool to evaluate I.S.'s baby's fetal well-being.<sup>7</sup>

4 F. Respondent was called at 11 a.m. to evaluate the I.S.'s pushing efforts.  
5 Although he recalled evaluating I.S. prior to that time, Respondent's first chart note was at  
6 11:11 a.m. He recorded that that the caput was at the introitus, that the patient was pushing  
7 and getting tired, and that his plan was to consider vacuum assistance if the vertex  
8 descended a little further. Respondent did not record nor recall what the fetal station was at  
9 the time but he recalled that during the morning it was continuing to descend. Respondent  
10 encouraged I.S. to keep pushing.

11 G. During the same timeframe, the attending nurse recorded variable decelerations.  
12 Respondent disagreed and saw only normal variability and normal deceleration. He  
13 described "very good short term variability" including prompt recovery indicating that the  
14 fetus was doing well. He actually didn't see deceleration. When asked to describe the  
15 baby's heartbeat in relation to I.S.'s contractions, Respondent described the fetus's baseline

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16 <sup>6</sup> Additionally, it was unclear how low I.S.'s baby's fetal heart rate was going (whether  
17 and to what extent it became bradycardic).

18 <sup>7</sup> Properly monitoring decelerations means evaluating the lowering of the fetal heart rate  
19 relative to the timing and strength of the mother's uterine contractions. An "**early deceleration**"  
20 (a good sign for fetal well being) and a "**late deceleration**" (a bad sign for fetal well being) are  
21 the same in that, for both of them, the fetal heart rate gradually decreases from baseline and then  
22 returns to baseline in 30 seconds or longer. In an "**early deceleration**," the nadir (lowest fetal  
heart rate reached) is at the same time as the peak of the mother's contraction (the highest  
intensity/most pressure); the onset and depth of an "early deceleration" mirror the onset and  
intensity of the mother's contraction. In contrast, a "**late deceleration**" begins after a contraction  
has already begun and only after the contraction has already peaked does the fetal heart rate reach  
its lowest point. A late deceleration may be a warning that the fetal oxygen level is  
decreasing.

23 A **variable deceleration** is an abrupt (onset to nadir less than 30 sec), visually apparent  
24 decrease of 15 or more beats per minute in fetal heart rate with the decrease lasting between  
fifteen seconds and two minutes. A variable deceleration is severe if it lasts over 60 seconds, if  
the fetal heart rate falls below 70 beats per minute or has a drop of 60 or more beats per minute  
25 lower than the baseline fetal heart rate. Variable decelerations may result from umbilical cord or  
head compression. They may be related to risks including oligohydramnios, cord prolapse,  
26 nuchal cords causing cord stretch or compression, or with head compression associated with rapid  
descent and maternal valsalva. Repetitive severe variable decelerations with diminished or absent  
27 fetal heart rate may indicate hypoxia, inadequate oxygen to the fetus, resulting in hypoxic  
ischemic encephalopathy and cellular damage in the fetus's central nervous system (the brain and  
28 spinal cord).

1 heartbeat as essentially around 120 beats per minute and variability of the fetal heart rate as  
2 a "reassuring sign" of fetal well-being.

3 H. Up until 11:11 a.m., Respondent saw that there were a number of instances  
4 where the recovery or upstroke of the fetal heart rate to the baseline was not recorded by the  
5 FHM. He asserted that he could see when the contractions ended and he assumed that the  
6 variables were coincident with contractions (that there were not "late decelerations").

7 I. At 11:30 a.m., Respondent was bedside and encouraged I.S. to continue  
8 pushing.

9 J. Between 11:45 and 11:55 a.m., the fetal monitor continued to only  
10 intermittently record the fetal heart rate. The maternal heart rate as determined by a pulse  
11 oximeter was superimposed on the strip. The fetal heart monitor showed a wandering fetal  
12 heart baseline and a prolonged deceleration which progressed into a bradycardia.<sup>8</sup>

13 K. At some point when outside of I.S.'s room, Respondent saw on a monitor a  
14 two-minute deceleration where the fetal heart rate dropped below baseline, stayed there  
15 about two minutes and then came back up to baseline. Respondent assessed I.S. and her  
16 fetus in the ten minutes prior to his leaving to perform an emergency operation on another  
17 patient. He evaluated I.S. and the EFD tracings for several minutes. He interpreted the  
18 tracings to show good variability with no worsening of any variables. The baby appeared to  
19 be stable. He recalled assuring himself that the baby was going to be fine for as long as it  
20 took him to go do his other procedure and he would come back and re-assess I.S. later.

21 L. The nurse documented that at 11:52 a.m., Respondent was at bedside and "was  
22 aware of a 2 minute fetal deceleration." Before leaving to perform an emergency procedure  
23 on another patient, Respondent told the attending nurse his assessment that the baby  
24 appeared to be stable. Respondent had I.S. continue to push and left to perform an  
25 emergency operation on another patient.

26 <sup>8</sup> Fetal bradycardia refers to an abnormally low fetal heart rate, under 110 beats per minute  
27 in a full term fetus. It is commonly associated with intrauterine hypoxia and perinatal asphyxia -  
28 inadequate oxygen to the fetus - resulting in hypoxic ischemic encephalopathy and cellular  
damage in the fetus's central nervous system (the brain and spinal cord).

1 M. Respondent indicated that the deceleration meant only that the baby should be  
2 watched more closely. Respondent stated that the baby was fine.

3 N. At 12:03 p.m., the nurse summoned emergency help from staff and another  
4 doctor who applied a fetal scalp electrode and determined that the fetal heart rate was very  
5 low, in the 40's. At or around 12:05 p.m., Respondent returned and the other doctor  
6 advised Respondent that the baby needed to be delivered immediately. Respondent tried to  
7 verify the fetal heart rate. At 12:09 p.m., Respondent called a "Code Pink" for an  
8 emergency Cesarean section on I.S. due to an acute drop in the fetal heart rate. At 12:12,  
9 I.S. arrived at the operating room and at 12:20 p.m., I.S.'s baby C.S. was delivered by c-  
10 section. Baby C.S. showed evidence of severe hypoxic-ischemic encephalopathy and was  
11 neurologically injured.

12 O. Respondent stated that since January 9, 2009, and the events described above in  
13 the labor of I.S. and delivery of her daughter C.S. on January 9, 2009, he had not changed,  
14 and would not change, his fetal monitoring practice.

15 9. Respondent was negligent individually and/or collectively as follows:

16 A. On January 9, 2009, when the IUPC stopped adequately recording I.S.'s uterine  
17 activity, Respondent was negligent when he failed to replace the IUPC or convert back to  
18 an external monitor of the contractions.

19 B. On January 9, 2009, when the EFD failed to consistently record I.S.'s fetus's  
20 heart rate, Respondent was negligent when he failed to take action to adjust, fix, or replace  
21 it and when he failed to use a fetal scalp electrode to monitor I.S.'s fetus's heartbeat.

22 C. On January 9, 2009, Respondent was negligent, individually and/or  
23 collectively, when he failed to: properly interpret the fetal monitoring strips; understand  
24 their significance; and take appropriate action based thereon.

## 25 SECOND CAUSE FOR DISCIPLINE

26 (Incompetence)

27 10. Respondent is subject to disciplinary action under section 2234, subdivision (d), of  
28 the Code in that Respondent was incompetent in the care and treatment of a patient. The

1 circumstances are as follows:

2 A. Paragraph 8 above is incorporated herein as if fully set forth.

3 B. Respondent's analysis that between 11:00 a.m. and 11:10 a.m. that the baseline  
4 of the fetal heart rate was 120 beats per minute, contractions were every three minutes, that  
5 variability was present and that there were no variable decelerations was inaccurate.  
6 Respondent's assessment of the fetal monitoring strips as "reassuring" and "normal" was  
7 inaccurate.

8 C. Respondent's contention that he could adequately monitor I.S.'s uterine activity  
9 to sufficiently evaluate I.S.'s fetus's well-being is not accurate.

10 D. Respondent's assessment of I.S.'s fetus's status at 11:52 a.m. that the baby was  
11 "fine" was inaccurate. Respondent's assessment that the deceleration required only that the  
12 fetus needed to be "watched more closely" was insufficient.

13 E. Respondent's description of an external fetal monitor's measure of "beat to beat  
14 variability" was inaccurate since an external fetal monitor does not measure "beat to beat  
15 variability."

16 F. Respondent's exclusion of and/or failure to recognize variable and/or late  
17 decelerations on the monitoring strips showed inappropriate analysis of I.S.'s fetus's well  
18 being.

19 G. Respondent was incompetent in the care and treatment of I.S. and her fetus in  
20 that he had deficient knowledge of fetal monitoring and what changes reflected in the  
21 monitoring required analysis and action.

### 22 **THIRD CAUSE FOR DISCIPLINE**

23 (Record Keeping)

24 11. Respondent is subject to disciplinary action under section 2266 of the Code in that  
25 Respondent failed to maintain adequate and accurate records of the medical services he provided.  
26 The circumstances are as follows:

27 A. The facts and circumstances set forth in paragraph 8 above is incorporated here  
28 as if fully set forth.

1 **FOURTH CAUSE FOR DISCIPLINE**

2 (Unprofessional Conduct)

3 12. Respondent is subject to disciplinary action under section 2234 of the Code in that  
4 Respondent engaged in unprofessional conduct. The circumstances are as follows:


5 A. The facts and circumstances set forth in paragraphs 8 through 11 above are  
6 incorporated here as if fully set forth.

7 **PRAYER**

8 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,  
9 and that following the hearing, the Medical Board of California issue a decision:

- 10 1. Revoking or suspending Physician's and Surgeon's Certificate Number G 39199,  
11 issued to John Kelly Mantis, M.D.;
- 12 2. Revoking, suspending or denying approval of John Kelly Mantis, M.D.'s authority to  
13 supervise physician assistants, pursuant to section 3527 of the Code;
- 14 3. Ordering John Kelly Mantis, M.D. to pay the Medical Board of California, if placed  
15 on probation, the costs of probation monitoring; and
- 16 4. Taking such other and further action as deemed necessary and proper.

17  
18 DATED: November 8, 2013

  
KIMBERLY KIRCHMEYER  
Interim Executive Director  
Medical Board of California  
Department of Consumer Affairs  
State of California  
Complainant

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